

FOCUS on Young Adults
1201 Connecticut Avenue NW, Suite 501
Washington DC 20036
202-835-0818

**Involving Youth
in
Reproductive Health Projects**

Judith Senderowitz

Research, Program and Policy Series
September 1998

© FOCUS on Young Adults, 1998

Any part of this publication may be copied, reproduced, distributed or adapted without permission from the author or publisher, provided the recipient of the materials does not copy, reproduce, distribute or adapt material for commercial gain and provided that the author and FOCUS on Young Adults are credited as the source of such information on all copies, reproductions, distributions and adaptations of the material.

The FOCUS on Young Adults program promotes the well-being and reproductive health of young people. FOCUS is a program of Pathfinder International in partnership with The Futures Group International and Tulane University School of Public Health and Tropical Medicine. FOCUS is funded by USAID, grant number CCP-3073-A-00-6002-00. The opinions expressed herein are those of the author and do not necessarily reflect the views of the U.S. Agency for International Development.

Please send suggestions or comments to:

FOCUS on Young Adults
Attn: Communications Advisor
1201 Connecticut Avenue NW Suite 501
Washington DC 20036, U.S.A.

Tel: 202-835-0818
Fax: 202-835-0282
Email <focus@pathfind.org>.

This publication and others addressing adolescent reproductive health can be downloaded from the FOCUS web site: <<http://www.pathfind.org/focus.htm>>

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	5
I. OVERVIEW.....	7
A. Background.....	7
B. Youth Involvement as an Increasing Concern.....	7
II. ADVANTAGES AND OBSTACLES TO INVOLVING YOUTH.....	8
A. Advantages to Programs and Involved Youth.....	8
B. Obstacles and Issues Related to Involving Youth.....	11
III. PLANNING AND PREPARATION FOR INVOLVING YOUTH.....	12
A. Planning for Youth Involvement.....	12
B. Selection, Recruitment and Support Issues.....	15
IV. PROGRAM EFFORTS TO INVOLVE YOUTH: EXPERIENCE AND SUCCESS.....	19
A. Planning and Design.....	21
B. Advice and Oversight.....	23
C. Implementation.....	26
D. Monitoring, Evaluation and Research.....	29
V. INFORMATION NEEDS FOR FUTURE ACTION.....	32
REFERENCES.....	34

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CDC	Centers for Disease Control and Prevention (US)
HIV	Human Immunodeficiency Virus
IPPF	International Planned Parenthood Federation
NGO	Non-governmental organization
REDSO	Regional Economic Development Services Office
STD	Sexually transmitted disease
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

Reproductive health programs for young people are relatively new. Involving youth in active roles in these programs is even newer, and it is proving challenging to traditional program managers. In spite of needed adjustments and some added costs, however, pioneering projects that have implemented this approach attest to the overall benefits.

Many international organizations—International Planned Parenthood Federation (IPPF), UNICEF, UNFPA and WHO—have recently placed a priority on incorporating young people in all aspects of programming in meaningful ways. Program trends indicate that this priority is being followed; a growing number of projects now report youth involvement in diverse activities. At the same time, documentation of experiences and lessons learned—which could be helpful to others—is scant, with outcome evaluation even rarer.

From available information, it is clear that youth involvement results in many advantages to a program, its target audience, and the participating youth themselves. These advantages include an increased sense of project ownership and relevance, assistance with recruitment and in identifying messages and communication channels, provision of new and vital ideas, improved project outcomes—at least in the peer education area—increased self esteem and leadership potential among the involved youth, and a likely pay-off in the future for the present investment.

There are also challenges and obstacles. Allowing youth to share power and authority is difficult for some traditional people and cultures to accept. These projects require extra training, staff time and costs, along with adjustments in schedules and ways of operating. Most of these factors can be overcome, however, by training and a commitment to making plans work. Program managers should not minimize the downsides, but rather think them through and prepare to address them.

The most critical first step to involving youth in reproductive health programs is to develop a strategy or plan for how this will be carried out. Such a plan should include, among other details, setting objectives, identifying tasks, developing a recruitment plan, identifying needed resources, determining training needs, and planning for monitoring and sustaining the youth participants. Project managers need to carefully consider in which one (or more) of the program phases young people can feasibly and effectively contribute: planning and design, advice and oversight, implementation, and/or monitoring and evaluation.

Some projects, such as IPPF's Youth for Youth (in six countries), Advocates for Youth's West African Youth Initiative and the Mathare Youth Sports Association in Kenya, have placed youth involvement at the center of their program mandate. Others have focused more specifically on one aspect, usually in the implementation area.

The most common model of youth involvement has been peer education projects. It is from these projects that some outcome results have become available which support the

value added of directly engaging youth. For example, a Thai factory-based project demonstrated that female adolescents acquired greater knowledge and skills in HIV prevention in workshops led by peers than in workshops led by adult educators. A U.S. project found that female adolescents counseled by peers, as opposed to nurses, showed significant increases in compliance in the use of oral contraceptives.

While not yet evaluated, other types of youth involvement are also being pursued. These include young people assessing their own program needs and planning project design, serving on governing boards and youth councils which provide guidance and advice to a project, acting as managers and in various office roles, and carrying out various monitoring and evaluation tasks, including documentation and conducting surveys.

More documented and evaluated program experience is needed to assist emerging projects plan a youth involvement strategy. Especially needed is documentation about engaging and sustaining youth participants, how youth can best be incorporated into organizational settings and project designs, and evaluation findings that demonstrate positive effects of youth involvement on program outcomes.

Based on the interest shown by many international groups and the commitment of pioneering projects in the field, the future is promising for this approach. The energy and insights of young people help to ensure that, when given a chance, they can assist in making reproductive health projects better and more effective.

I. OVERVIEW

A. BACKGROUND

Involving young people in reproductive health programs means identifying and implementing meaningful ways for their participation in project planning, operations and evaluation. While this strategy seems practical and beneficial, it also runs counter to most program experience to date.

Reproductive health information and service programs for adolescents are relatively new. Most have been designed and carried out by adults, usually professionals who have performed these tasks for adult groups. Many programmers have not had direct experience in working collaboratively with young people. Often adult planners face shortages of time and resources, which makes them reluctant to chart unknown territory that could present problems and costs.

Adult staff often sincerely believe that they know what is best for youth and how programs should be delivered. According to one program analyst, "programs are largely mirrors of how adults think these matters should be handled."¹ A recent cross-cultural study concluded that youth programs suffer from the ambivalence resulting from adults wanting to help young people to develop, but unwilling to give up control over the program design process.² Importantly, many adult planners and managers still retain a basic discomfort about serving adolescents, particularly unmarried ones, with any type of reproductive health services.

There are significant gaps in knowledge and understanding between program implementers and their target audiences. As with adult programming, a key to good design is knowing what the target group needs and wants. With the always present (and perhaps widening) generation gap, the need to consult a young program audience becomes even more critical. Engaging young people in actual program delivery fosters active involvement and provides continuing feedback for program improvement.

B. YOUTH INVOLVEMENT AS AN INCREASING CONCERN

Although there is a dearth of evaluation data demonstrating the benefits of youth involvement, most experts and organizations active in adolescent reproductive health matters now believe that involving youth in program decisions and operations is fundamental to sound programming.^{2,3,4,5,6,7} Many agencies (such as IPPF, UNICEF, UNFPA, and WHO) have identified this programmatic strategy as one of the most important guiding principles in working with youth. The IPPF Task Force on Youth, for example, strongly urges meaningful implementation of youth involvement, arguing that tokenism is not acceptable.⁸ WHO's Adolescent Health Programme is equally committed, concluding that youth involvement ensures project relevance, acceptability, dedication to project objectives, long-term effectiveness, and personal development for young participants.^{9,10}

As interest grows, new ways are being introduced to translate youth involvement into better program design, content, delivery mechanisms, management and oversight. For example, many projects involve youth, right from the beginning, in participatory research activities. These findings are considered more relevant because of active youth participation. They are used for program design, often carried out by young people along with adult professionals.

Using youth as program implementers is also increasing. A number of projects use young people as peer educators and counselors; this is a favored approach of many new HIV prevention projects. Other roles for young people include recruitment, management, monitoring, oversight, and evaluation.

Some surveys of adolescent reproductive health projects show that the apparent trend toward involving youth may be beneficial. The Center for Population Options' study of 103 projects reported that more than one-half involve youth in some significant way. This is viewed as a trend toward more youth involvement.¹¹ A survey of 52 programs conducted by the International Center for Research on Women found that active participation of adolescents in all program phases was ranked the highest among successful strategies by participating program managers.¹²

This trend is likely to increase as projects find ways to effectively engage young people and, importantly, document and demonstrate how this can result in improved program outcomes. In the process, the broader objective of youth development and leadership is also addressed. Newer projects are expanding the boundaries of youth opportunities to include administrative tasks, financial responsibilities and overall decision-making. As one of these new programs models has demonstrated, "without huge financial investments, young people can be empowered to form a new generation of role models and responsible members of society."¹³

II. ADVANTAGES AND OBSTACLES TO INVOLVING YOUTH

There are many benefits to involving youth in some or all program phases. At the same time, this concept is new and requires acceptance and adjustments that carry costs, financial and otherwise. Also, there are some clear obstacles and liabilities related to involving youth. These can be addressed and often overcome with effective policies. While the pros and cons will vary according to circumstances, each project should conduct its own assessment and plan appropriately.

A. ADVANTAGES TO PROGRAMS AND INVOLVED YOUTH

Involving youth from the start can enhance a sense of ownership in the project

If young people are brought into program design and decisions at the formation stage of a project, they feel more strongly that the project belongs to them. In turn, this sense of

ownership gives them a greater stake in the project's future and makes them more committed to a project's outcomes.¹⁴ A key factor in the success of the Latvian Family Planning Association's program for youth was identified as allowing young people to be in control of and responsible for the project.¹⁵

Youth input can help ensure that programs are relevant to their needs

Assessing the needs of the target audience is basic to the development of any project. It is perhaps more essential with programs for young people because of the importance of generational differences in styles, language, values and popular culture. As a UNICEF youth programming notebook concluded, "nobody understands the problems of young people like young people do."⁷ Consulting youth, a European Youth Strategy Working Group concluded, ensures that the program responds to what young people want—and prevents more project failures.¹⁵

Youth can help identify messages, communication channels and activities popular in their subculture

For information to effectively reach a youth audience, it must be expressed in familiar language, by trusted spokespeople, and through media they use and consider reliable.¹⁶ Young people are in the best position to identify, and pretest, message characteristics related to age, sex, literacy level, language or dialect, and relevant components of socioeconomic status.¹⁷ In Ecuador, a survey of adolescent target group listening preferences guided the selection of radio stations, time slots and topics for a new radio series. Pretesting two pilot episodes with young people assessed credibility, acceptance and the ability of the program to communicate reproductive health messages.¹⁶

Youth can bring new and vital ideas to programs, along with high energy to carry out tasks

Two recognized youth resources that should be tapped to great program advantage are ideas and energy.^{7,9} Enthusiasm that young people are able to bring to projects, especially those which directly benefit them, can provide fresh ways of addressing problems and encourage agencies to be more open to change and take risks.¹⁵ Especially where "burn-out" has occurred among adult staff, young people can provide a new spark and hard work on their own.

Young people can effectively publicize program activities and help interest their peers in becoming program participants

Young people identify peers as a major source of information on reproductive health, even though such communication frequently lacks accuracy. Education or publicity about programs in the hands of trained or informed young people can be an effective combination. IPPF/Western Hemisphere Region, in reviewing its projects for young people, concluded that satisfied clients are the best way to promote programs.¹⁴ This "word of mouth" approach, however, depends on how the original clients perceived their experiences; clients will enthusiastically promote good programs and report inadequacies of poor programs to their friends and acquaintances.¹⁸

Youth spokespersons can give credibility to the program and serve as an outreach link to the community

When youth talk about program experiences, their peers are likely to trust their perceptions; if these experiences are positive, the program gains acceptability.¹⁹ In a related way, first-hand representation of a program's relevance and importance helps the community to understand why young people should participate.

Involving young people as program leaders and as educators and counselors can sometimes yield better outcomes than adult professionals

Young people often indicate a preference for obtaining reproductive health information from their peers.^{20,21,22} Studies indicate that this approach can enable young people to ask more questions and be more effective than in situations using adult educators.²³ For example, in Thailand the group of single adolescent factory workers showed a greater increase in knowledge and skills from peer leaders than the comparison group did with adult leaders.⁶

Training and experience as peer educators enhance skills, self-esteem, and leadership potential among those involved youth

While behavior change of the group of young people targeted to receive peer education is usually the indicator sought by project managers, the much smaller group trained as peer educators appears to reap significant benefits. These include positive knowledge gains and behavioral changes in their own lives, development of useful skills, and increased leadership ability.^{20,24,25,26} In a US study, trained peer leaders have been found to be successful at establishing potentially valuable contacts in the community, making new friends, and gaining a greater sense of self-worth.¹⁹

Involving youth in present activities is an investment in the future

Assisting young people in their personal and professional development is useful for a society in general, and it can also be viewed as a practical strategy within an organization. For example, IPPF's European Youth Strategy Working Group identified

preparing young people for adult work in their organizations as one of the major reasons for youth involvement. In short, they state that the "young people of today are the FPA [family planning association] of tomorrow."¹⁵

B. OBSTACLES AND ISSUES RELATED TO INVOLVING YOUTH

While there are many advantages to youth involvement in reproductive health projects, there are also some obstacles and challenges. Most obstacles can be significantly overcome by good training and relatively minor adjustments in program operations. Program managers, however, should be aware of the costs and possible dislocations involved. The following are some of the primary concerns.

Youth involved in program decision-making runs counter to most professional experience

Adults have many biases and fears about working with young people. Traditional societies do not generally welcome young people in adult roles, and they feel uncomfortable sharing power and authority with them.^{15,27} They have doubts about successful outcomes. Their fears include that youth will find their work boring or they cannot master the needed skills. There is also concern about young people's ability to assume responsibility and that they might act rudely and be unruly.¹⁹ Because youth involvement brings young people and adults together in a collaborative effort, training is needed not just for the youth but for adults as well. If the two groups are brought together for "climate building" exercises, adults can begin to see greater similarity in their objectives.²⁸

Involving youth in programs requires additional training, staff time and costs

Additional resources will be needed to support youth involvement efforts. Both youth and adults require special training for this collaboration, and supervision of young people requires time and patience.¹⁵ Other special needs involve costs, such as transportation to ensure that young people can get to their tasks. Yet despite these added costs, many programs find that benefits justify the expenditures.¹⁹

Involving youth requires adjusting schedules to meet young people's needs

Most young people are in school or at work during the day and are thus unable to participate in projects during typical working hours. As a consequence, preparation, monitoring, mentoring and implementation must take place at hours when young people can be available. Since the target group of young people has similar hours of availability, special scheduling would be required in any case.

High turnover of young people causes discontinuities and added costs

Some turnover is an inevitable consequence of age. Young people involved in programs for youth eventually grow out of the appropriate age range. Even before this occurs,

some young people will develop other interests or need more financial support than projects can provide.^{29,30} More preventable instances of turnover include leaving because of inadequate mentoring, unrealistic expectations, or bad treatment.^{24,25} In addition to enhanced training for both peers and professionals, as well as training larger numbers of peers than are needed at any stage,^{20,31} programs have succeeded in addressing turnover in various other ways (see Section III.B).

III. PLANNING AND PREPARATION FOR INVOLVING YOUTH

A. PLANNING

If a decision is made to involve youth in program activities, a strategy or plan for doing so effectively is needed. This preparation is especially important if involvement is to be more than mere tokenism. In fact, there are significant choices about the degree of youth involvement. WHO's Adolescent Health Programme, for example, views involvement on a nine-step ladder, ranging from youth as spectator to youth-initiated participation with decision-making shared with adults.⁹

When IPPF's Europe Regional Council asked young people actively involved in their family planning associations to come together to share experiences, their first task was to propose a strategy for the region. This strategy was not only to involve, but also to empower, young people in the work and governance of these organizations.¹⁵

Another strategy development effort that drew on relevant experiences resulted from a US program of community-level HIV prevention demonstration activities supported by the Centers for Disease Control and Prevention (CDC). In all five program sites the involvement of youth was part of the original mandate and considered essential to the planning process. In fact, each site coalition developed a written Youth Involvement Plan.¹⁹

Practical guides were developed from the IPPF and CDC efforts to analyze successful steps toward youth involvement: IPPF European Network's "Make it Happen: Make it Now" and the Academy for Educational Development's "The Prevention Marketing Initiative: Youth Involvement." (see box, p. 14). While very different types of organizations were active (country-wide and private in the former, and community level public/private coalitions in the latter) and their issues varied somewhat in scope (reproductive health versus HIV prevention), the two planning guides show considerable overlap in their recommended steps for successful youth involvement. Major suggestions include:

- Setting objectives for youth involvement
- Identifying tasks and activities for youth, including preparation of job descriptions
- Determining where youth will fit into the organizational structure
- Determining selection criteria for youth participants
- Developing a youth recruitment plan

- Identifying needed human and financial resources
- Determining training requirements (for both youth and adult professionals)
- Deciding on plans for monitoring, evaluating and sustaining youth involvement

The sooner youth can be involved in the process, the more input they will provide and the more ownership they will exhibit. Thereafter, young people can be involved from the beginning for future program planning cycles. Participation of young people on organizational boards of directors or on fully active youth committees as an ongoing operational principle assures youth input and ownership from the start of any new activity and provides for ongoing youth involvement.¹³

Some Useful Resources

How to Create an Effective Peer Education Project: Guidelines for AIDS Prevention Projects

This is a practical how-to handbook developed by AIDSCAP's Behavior Change Communication Unit. It is designed to help field-level planners and implementers who are planning new peer education projects or want to strengthen ongoing projects. Based on advice from experienced program practitioners, it includes recommendations on appropriate activities for peer educators, recruitment and selection, community support, training, supervision and support, and role of educational materials and condoms in projects (AIDSCAP, *n.d.*) Free of charge to developing countries. Contact AIDSCAP/Family Health International; 2101 Wilson Blvd., Suite 700; Arlington, VA 22201; USA; Tel: (703)516-9779; Fax: (703)516-9781. Order from web: <<http://www.fhi.org/aids/aidscap/aidspubs/behres/bhcomhb.html>>.

Make it Happen: Make it Now Young People's Involvement in Family Planning Associations

Although prepared as a report by the European Youth Strategy Working Group (from a 1995 meeting) to encourage and challenge family planning associations to involve youth in their programs, the guide contains practical tips and recommendations applicable to a wide variety of community, educational and health settings. Included are case studies of successful programs, a youth strategy, a step by step guide to youth involvement, and a discussion of possible problems and solutions. Cost, including postage and handling, is US \$5.00 (checks may be made payable to IPPF; dollar checks only). Contact Rupert Walder, Information Officer, European Network IPPF, Regent's College, Inner Circle, Regent's Park, London, NW1 4NS, England, UK; e-mail: <rwalder@ippf.org>; Tel: 011-44-171-487-7876; Fax: 011-44-171-487-7823. Order from web: <<http://www.ippf.org/pubs/index.html>>.

The Prevention Marketing Initiative: Youth Involvement

Prepared by the Academy for Educational Development for the US Centers for Disease Control and Prevention (CDC), this document is a report on lessons learned about youth involvement during the first three years of the Prevention Marketing Initiative Local Demonstration Sites Project, part of a national communication campaign to prevent sexual transmission of HIV among Americans under age 25. Given the project's emphasis on youth participation, the material covered is relevant and practical, including setting goals and planning for youth involvement, selecting and recruiting youth, enabling youth and adults to work together effectively, and sustaining and monitoring youth involvement. Free of charge. From the US, contact the National AIDS Clearinghouse at 1(800)458-5231 (ID # for the publication is D241). From outside the US, call (301)519-0459, ext. 7100.

B. SELECTION, RECRUITMENT AND SUPPORT ISSUES

Careful selection, effective recruitment and practical support systems all affect youth program performance and continuity. There is, however, no single correct way to carry out these tasks and there are no evaluation results to indicate what works best. The nature of these tasks will depend primarily on a program's objectives for youth involvement and on the specific expectations for the participating youth.

Selection

Identifying criteria for youth to be selected is basic to positive program outcomes, although this step is often not taken because adult program managers assume they know or "sense" what they want. The CDC-supported guide places selection criteria into four broad categories:

- **Descriptive:** such characteristics include age, sex, ethnicity, education level, socioeconomic status, area of residence and family constellation.
- **Skills-based:** relevant work or volunteer experience, leadership qualities, skills in working with peers, experience working with adults or within committees, written or oral communication skills and other relevant factors.
- **Constituency-based:** membership or affiliation with a particular group designated as a program partner or target audience or one whose members possess characteristics desired by the planned program. Such groups might include gang members, slum dwellers or commercial sex workers or members of YM/WCAs, boys and girls' clubs, religious youth groups or school-related groups.
- **Target-audience based:** criteria would be the same as selecting the target audience or determining eligibility for receipt of program services.¹⁹

In practice, most groups that have documented their selection criteria used a combination of these approaches. The following criteria are typical of those used by programs to select peer educators:

- Demonstrated interest in working with peers and community
- Capacity to be respectful, non-judgmental and to maintain confidentiality of clients
- Acceptable to other young people as a peer
- Ability to establish good relations with individuals and within a group
- Ability to serve as a role model and exercise leadership
- Ability to deal with relevant information and content
- Commitment to family planning and positive reproductive health practices

Various peer education projects have tailored their criteria to fit expected work, emphasizing those characteristics most related to the defined tasks. For example,

Mexfam's *Gente Joven*, a peer education project on reproductive health, selects peer promoters according to their ability to establish good relations within a group, be enthusiastic and respectful, demonstrate interest in helping their peers, show commitment and responsibility, work at the community level, and deal with scientific information.³²

The Jamaica Red Cross HIV prevention project established the following selection criteria: capacity to appeal to their peers as a group leader, ability to interact and communicate with peers, and ability to be trained as a peer educator. Academic talents and achievements are not considered in order to draw from a wide range of young people who can relate to the target audience.³³ In Belize, a project on preventing early, unwanted pregnancies requires that a certain percentage of peer promoters be teen mothers.¹⁴

Some researchers and analysts have also set forth criteria for selection. In one study assessing the peer components of two Latin American projects, PROJUVE and *El Camino*, the author concludes that peer promoters should be: committed to the practice of family planning (and practice it if sexually active), committed to a high level of training, able to command respect among peers, and possibly, slightly older than the target group. Gender concerns should be considered as well, as the author suggests that girls may be more effective as promoters with girls while males seem more willing to distribute contraceptives.²⁵

In a study of 21 peer education projects supported by AIDSCAP in Africa, Asia and Latin America, the authors report that project managers look for certain characteristics in their selection of peer educators. They seek young people who are: accepted and respected, good at communication, literate and charismatic, able to understand health problems and interested in self-enhancement, peer selected, and willing to be volunteers.²⁰

Recruitment

Recruitment of youth can be handled by a variety of approaches. Although adults, either paid staff or designated volunteers, will typically oversee the effort, young people can play a significant role.¹⁵ The most common sources for candidates include organizations involved with the recruiting agency or with its board members, relevant youth-concerned institutions (such as schools, churches, youth groups), informal contacts and friends of adults and youth already involved with the program as well as a more broad-based advertising.¹⁹ Before any selection process begins, young people with a possible interest could be invited to attend an information session or some relevant activity of the organization.¹⁵

Printed recruiting materials expand the search beyond personal contacts and help clarify objectives and expectations for possible candidates and their parents. Some formal application and screening process is advised, including interviews.¹⁹ It is highly recommended that in all stages of the recruitment effort, including final selection, more young people be attracted than the specific number needed because of inevitable turnover problems common with this age group.^{20,31}

Turnover

Most projects actively involving youth report turnover as a major concern. Aside from the reality of their growing out of the appropriate age range, young adults are busy moving on to other phases of their lives and careers. Thus tenures are relatively short. For example, peer promoters remain with Gente Joven about six months and with PROJUVE around 19 months.^{32,34} In a St. Lucia peer counseling program, only nine out of 20 youth were still participating 17 months after the program began.³⁵ An AIDSCAP survey of 21 countries in three regions found that 68% of peer educators remained active for more than a year.²⁰

In addition to time and broadening interests, another reason for peer promoters' leaving projects is financial. This was the major explanation given by Mexfam peer counselors in exit interviews.²⁴ In many cases, as they got older young people needed paid jobs or they simply could not afford the unreimbursed costs of their volunteer work. Similar needs were noted at INPPARES, in Peru, but because most of this association's peer counselors were university students in psychology or social work, the relevance of the experience provided an incentive for remaining with the program.²⁴

Experience of the West African Youth Initiative (WAYI) demonstrated that attrition can result for other reasons, including the treatment, support and compensation of peer educators. From the peers' perspective, they complained that project staff set unrealistically high performance standards and did not provide adequate information and training. In turn, project staff blamed some peer educators for irresponsibility. A key factor related to this unresolved issue is the question of paying stipends or providing incentives, and how this might affect performance.³⁶

Colombia's family planning association has developed a set of responses to the high turnover problem. These include establishing a more formal relationship with peer promoters, expanding peer responsibilities, increasing supervision and strengthening peer commitment to promotion activities by creating two new programs. The new programs are: 1) an official agreement with the schools to allow students to fulfill a public service obligation by training other youth in family planning issues; and 2) an arrangement with youth groups allowing participating members to retain their group identity while serving as peer promoters.¹⁴ Contracting with young adults to commit to a minimum of 12-18 months can also help minimize attrition.³⁷

Support Issues

An important starting point for successful youth involvement is a set of clearly defined responsibilities that are realistic and understood by young people themselves.^{7,17} Adequate training and preparation are also critical. For example, when young people are selected to serve on governing boards, they benefit from guidance and preparation for their task beforehand and continuous support during their service.^{19,38} One way to assist young people to be successful is for the board to assign adult mentors to the youth

representatives. The objective of successful youth involvement in organizational decision-making is such a challenge that a new US organization, Youth on Board, has been formed to document experiences and advise on effective development of intergenerational boards.³⁹

In the area of peer education, when obligations are not clearly agreed upon or if actions are left up to the discretion of the promoters, projects may fall short of their objectives. For example, in the PROJUVÉ peer promotion program, in which promoters were given a choice of activities with no obligations, larger percentages chose to participate in less controversial capacities, such as project promotion and training assistance, compared to the central tasks of making presentations, distributing contraceptives and referring adolescents to the clinic.²⁵

The degree of structure and specified responsibilities peer promoters want appears to vary, according to one study of three IPPF programs. There was concern at Mexfam and INPPARES that peers might not react positively to a formal structure which would make specific demands on them. Coordinators felt that, because peer promoters are volunteers, too much should not be asked of them and they should be able to have a major say in their workload. On the other hand, the Belize family planning association's project staff felt that adding structure would address peer counselors' concern with lack of discipline while at the same time professionalizing their roles and increasing pride in their work.²⁴

Another critical element is effective supervision,^{1,7,25,34,40} although the amount depends on the types of activities youth carry out and the extent of training they have had.⁴¹ In addition to overseeing their activities and needs as volunteers (or paid staff), supervisors need to provide reinforcements of efforts, perhaps including some sort of rewards or morale boosters.²⁵ Care must be given to keep up attention to peers' "professional" needs throughout their tenure and not just during the training phase. Refresher courses are often required for this purpose.³⁴ Also recommended is the provision of professional support to the peer promoters by health care providers as a form of personal mentoring and to ensure effective referrals.²⁰

Not much evidence exists about how projects handle compensation, both as salary or for various tasks or needs, such as meals and transportation. The AIDSCAP study reports that 76% of projects surveyed give some type of compensation, including 19% which support salaries and 52% which provide travel allowances. They also report differences in perceptions between project managers and the peer educators over what is needed and what is given.²⁰

IV. PROGRAM EFFORTS TO INVOLVE YOUTH: EXPERIENCE AND SUCCESS

Throughout the world, reproductive health projects are beginning to involve youth in some aspect of project design, implementation or evaluation.^{2,3,4,5} A few projects place youth involvement at the center of the strategy and design. Here are some examples:

- ◆ The Youth-for-Youth Project began in 1990 in Colombia, Egypt, Jamaica, Senegal, Sierra Leone and Sri Lanka. Coordinated by IPPF and funded by UNFPA with the collaboration of non-governmental and governmental organizations, the country-specific projects emphasized youth involvement in defining solutions to their own health problems. Youth actively assessed and identified their own needs, conducted surveys, developed project plans, served as peer educators, participated in meetings and media events, developed educational materials, monitored activities and advocated for their interests. As a result, a number of pioneering activities resulted. Female genital mutilation, for example, was addressed in Sierra Leone, which was the first time this issue was taken on by a youth group. Throughout the sites diverse young people were reached by the project, including those in urban slums, prisons, schools, the military and those who had already become parents.^{42,43,44}
- ◆ The West African Youth Initiative placed a major emphasis on youth involvement in its nine community-based peer education projects in Nigeria and Ghana. While peer education is the standard intervention used by the projects, other strategies to involve youth, including decision-making, monitoring and some administrative tasks, have also implemented. The project was designed to help small non-governmental and governmental projects beginning to implement reproductive health education activities for youth at the community level.^{36,45,46,47}
- ◆ The Mathare Youth Sports Association in Kenya promotes sports and slum clean-up activities and includes reproductive health education in its activities. Its emphasis on youth participation is its most unique aspect; the project is for youth and run by youth. In addition to providing overall direction to the organization, youth serve as team players, coaches, health educators and managers. The association has a bottom-up decision making structure that has successfully empowered youth to develop new skills, become role models, and serve as responsible members of society.¹³ (see box, p. 20)

“For the youth, run by the youth”

MATHARE YOUTH SPORTS ASSOCIATION (MYSA) - Kenya

Begun as an effort to promote sports and clean-up activities among boys in a Nairobi slum, MYSA had broadened its scope to include girls' sports and reproductive health education. Most notably, it has become a model for empowering youth to effectively run their own organization as well as to develop self esteem and skills to benefit themselves and their community.

With sports as an entry point, the project now conducts the following activities: boys football (soccer) league; girls football (soccer) league; community service/environmental program; AIDS program; and a Youth Leadership Education Fund. Youth play key roles in all these activities (as coaches, leaders, educators and administrators) as well as providing overall direction for the organization.

While an impact evaluation has not been conducted, many achievements point to a clear pattern of meeting youth and community needs as well as creating a new standard of organizational operations:

- Since 1987, more than 10,000 youth in the Mathare slums have participated in the program.
- In 1995, more than 4,500 boys and girls and 300 teams from 50 slum villages participated in the football league and environmental clean-up activities.
- Football teams constantly qualify for or win youth tournaments, both inside Kenya and in international arenas. Members report a drastic decline in team members dropping out because of pregnancy.
- MYSA received the UNEP Global 500 award for environmental innovation and achievement at the 1992 Earth Summit in Brazil.
- The AIDS awareness program has trained more than 75 leaders who have reached approximately 10,000 youth.
- Many more members now remain in school because of motivation and/or scholarships.

MYSA identifies its keys to success as: stressing youth involvement (with youth as decision-makers), following good management principles that were developed through need and experience, and providing opportunities for disadvantaged young people to become leaders and role models for their peers.¹³

- A new project to improve adolescent reproductive health in Nepal—to be jointly conducted by AVSC International and the International Center for Research on Women—will demonstrate an approach for involving adolescents in planning and design, implementation and evaluation. A core group of youth, along with community members, will be trained in participatory research and program design that they will then carry out. Although interventions will be based on this formative research, it is anticipated that young people will play a role, particularly with peer education activities. Trained youth will record critical events in the design and implementation phases, and a set of narratives will be solicited from representatives of the study populations.⁴⁸

Involving youth in program implementation, administrative and decision-making roles in adolescent reproductive health projects is relatively new, with a limited body of experience that is largely undocumented. This is especially true of youth roles in planning, oversight, management and evaluation. Somewhat more experience has accumulated in two activity areas: needs assessment and peer programs.

Assessing youth needs is becoming more common, usually as part of the planning process and as another dimension of youth as the target audience itself. On the other hand, youth as program implementers (as in peer projects) is a more direct, active form of program involvement. This approach has become popular as an auxiliary action as well as the major project strategy. Especially in the newer HIV education projects, evaluations of project outcomes have been undertaken, occasionally comparing a youth to an adult intervention.

In spite of the dearth of clear evidence of success in most youth involvement areas, it is instructive to review some project attempts, especially those documenting process and adult reaction to engaging youth in key program actions. Although the following project components overlap somewhat, and in a few cases young people are involved in two or more broadly defined activities, evidence and/or experience are reviewed by planning and design, advice and oversight, implementation, and monitoring, evaluation and research.

A. PLANNING AND DESIGN

The design phase can often be the most critical to a project's outcome as it defines elements and sets the stage for action. Yet very few projects have effectively involved youth in this process, beyond asking their views in surveys or focus groups. Interest is growing, however, as program planners are beginning to use participatory research, in which stakeholders become actively involved in data collection, problem identification and program design.^{41,48,49,50,51} Engaging representatives of the target group as planners of their own project is increasingly seen as a logical extension of needs assessments with obvious advantages for the relevance and ownership of resulting activities.

- ◆ The Youth-for-Youth Project planned each country's program by convening 4-5 day workshops at which youth identified the reproductive health needs of young people in their countries and helped to identify project plans to meet these needs.⁴³
- ◆ Care International in Zambia has been conducting a series of participatory learning and action studies to develop a new portfolio in adolescent health programming. This methodology assists participants to appraise their own situation and draw their own conclusions, based on a careful analysis of the data. In addition to comprising the study population who participated in an active, multi-faceted set of exercises and discussions, some adolescents were trained to conduct peer interviews.⁵² FOCUS on Young Adults is working with CARE to evaluate this participatory methodology.
- ◆ A project in Burkina Faso undertaken by *L'Association Pour la Promotion de la Jeunesse Africaine et le Developpement* (The Association for the Promotion of Young Africans and Development) with assistance from *Unite d'Enseignement et de Recherche en Demographie* (Unit for Instruction of Research and Demography) is conducting documentary research involving young people as researchers in a community needs assessment for adolescent reproductive health services from a youth perspective.²⁷
- ◆ The Adolescent Health Programme at WHO assisted two major youth organizations (WAY, the World Assembly of Youth, and the World Organization of the Scout Movement) to use the narrative research approach in 11 African countries. This methodology involves many young people in questionnaire development based on role playing and discussion of prototypical behavior of their own peer groups. Young people then administer this questionnaire to representative samples of youth in their target areas. The information generated about sexual and contraceptive behavior was used for program planning as well as broader policy discussion.^{53,54,55}
- ◆ A project in El Salvador, *Homies Unidos* (Homies United), was designed to study youth gangs and develop a violence prevention program. Rival gang members were recruited and trained to design interview instruments and collect scientific data on gang concerns and needs. As they proceeded to carry out the study, gang members assumed leadership of the organization, becoming spokespeople for nonviolence and role models for at-risk youth.^{56,57} (see box, p. 25)
- ◆ Youth as Resources, a US-based program which has expanded to three other countries, provides small grants to young people to identify, design, carry out and account for projects that address social problems and contribute to positive community change. Youth, in collaboration with adults, govern the program and are responsible for grant-making. Projects address a range of social issues, including health, housing, education, drug abuse, gangs and crime. The programs have succeeded in attracting a diverse cadre of involved youth and business and community sponsors. In the communities where it is active, youth/adult

understanding and partnerships have increased, often giving youth a voice in policy-making, governing and funding for the first time.⁵⁸

B. ADVICE AND OVERSIGHT

Young people can serve with adults as overseers and decision-makers of the projects that involve their peers, capturing their insights and recommendations throughout the project. Two approaches are typically used: either young people are incorporated directly into the governing board or a separate youth committee or council is established to advise the board.

Placing youth in the role of active decision-makers, however, has been slow to develop, primarily because adults are wary of sharing power and fear that youth's views will differ from theirs. A common danger is the tendency to treat youth as tokens or put them on Boards for appearance only. A group in the US, Youth on Board, was formed specifically to address this resistance and assist in the process of forging a solid partnership between young people and adults on governing boards.⁵⁹ Advisory boards or youth councils present less of a threat to adult professionals, but unless they are given a real voice and the chance to have their advice taken seriously, they cannot be effective and will not retain potentially helpful youth participants. While no evaluation has been found to show the value added or improved outcomes related to youth serving in this role, some projects have embraced the approach.

- ◆ To increase youth decision-making and oversight related to the Under-20s Club and other youth activities in Grenada young people serve as members of the Grenada Family Planning Association's Board of Directors.⁶⁰ In Barbados, a member of the Family Life Club (run by and for young adults) serves on the executive Board of the family planning association as well as on all the subcommittees of the executive branch.⁶¹
- ◆ *Proyecto Alternativas* (Alternatives Project) in Honduras instituted a Youth Advisory Council to formalize planning and decision making by young people.¹⁰ Profamilia in the Dominican Republic also uses this strategy.⁶⁰
- ◆ Young people are involved at the policy making and decision-making level within IPPF through the Youth Committee established in 1995. There is currently representation from 10 countries, and the committee members are all under age 25. While initially focused purely on policy issues, the scope has been broadened to include programmatic actions such as involvement in the Generation 97 survey on youth views on sexual and reproductive health and development of *Mezzo*, a magazine for young people (on-line address <<http://www.ippf.org/mezzo/index.htm>>). Most importantly, the Committee is developing a youth strategy and five-year plan of action for youth program development within IPPF which will be presented at the Youth Parliament, itself designed and implemented by young people. The Committee

hopes that the new strategy and plans will result, in part, in a stronger voice for itself within the Federation.⁶²

- ◆ The activities of *Homies Unidos* (see box, p. 25) were not only designed by rival gang members, but are run and overseen by them. Gang members constitute the membership of the group's Board of Directors, the majority of whom are youth and young adults. Established NGO representatives helped them to learn how to run and record meetings, encourage participation and set policies for acceptable behavior.⁵⁷

Homies Unidos

El Salvador

Homies Unidos, a peer-oriented violence intervention/prevention organization, has developed a pioneering approach to solving a major problem facing young adults in El Salvador. In 1996, rival gang members came together to find ways to reintegrate themselves and their peers into society through public education, leadership training, and the building of vocational and life skills. Since the end of the twelve year civil war in 1992, the deportation of young Salvadoran gang members, who had been displaced to the U.S. during the war, led to an increase in gang violence. More young people joined these gangs, patterned after what many of the youth had learned in Los Angeles, to escape the hopelessness of family disintegration, lack of educational and job opportunities, and a destroyed socio-economic base. A programmatic response focused on gang members themselves. They were recruited to study gangs and the realities of gang members' lives and then decide on a plan of action to form and run a new organization. This action united rival gang members who learned to work together for the interests of their respective communities.

Homies Unidos' major goal is to change the gang mentality from one of violence to one of understanding human rights and human potential. Originally working with Save the Children and now independent, the organization implements diverse activities in order to offer positive options to high risk Salvadoran youth. They include:

- Leadership training to develop the organization and more effectively plan and deliver its programs
- Violence prevention programs, which include workshops targeted at different ages and populations, training the police in human rights and youth issues, and working with newly arrived returnees
- Development of a life skills curriculum, which integrates issues of self-esteem, personal identity, HIV/STD prevention, family/peer communication, conflict resolution and alternatives to violence
- Conducting pilot peer trainings on violence prevention and life skills
- Development of an outreach music program
- Preparation of promotional materials for publicity and fundraising

This organization serves as a model to others addressing difficult problems within dangerous, even life-threatening, settings. A key to their early success is collaboration with established organizations, such as churches, community organizations and local government to reach both the youth and their adult "gatekeepers." Another is the risk-taking and persistence of their leadership, helped by supportive training and encouragement, who in turn effectively involve their own peers. The Homies' president, Hector Pineda, reminds the group that "their lives have never been easy and this will not be an easy road...but one that must be traveled and can be done...SI SE PUEDE!!"^{56,57}

C. IMPLEMENTATION

Young people can participate in implementation activities in programmatic or administrative ways. Youth serving as peer educators has been the most dominant program model. Historically these roles were usually add-ons to an existing clinic or service site to help bring in (or reach out to) more program participants. Their value in recruitment, as well as their success in educating their peers, has encouraged organizations to establish programs primarily centered on peer educators. Young people are now being placed in other program and administrative roles, typically carried out by staff or adult volunteers. Program roles can include recruiters, trainers, writers, media spokespersons and materials developers, while administrative tasks might include receptionist, clerical worker, data entry clerk, bookkeeper and, in fact, any other job done by an adult. As a young adult member of the Family Life Club in Barbados, points out, "you do not need to manage or supervise for young people but rather be the sounding board, be their helper."⁶¹ Some documented experiences, including evaluation findings when available, follows:

- ◆ Evaluation of the West African Youth Initiative, which implemented peer education programs for youth aged 12-24 in Nigeria and Ghana, found significant positive effects on young people's knowledge, self-efficacy and behavior. At the post-intervention survey after about 18 months of program activities, the target population showed increases in knowledge and in use of modern contraceptive methods compared to the baseline survey. Compared to a control group, the experimental group showed greater feelings of confidence in saying "no" to sex, asking partners to use condoms and in buying contraceptives. More of the intervention group reported taking protective measures against STD/HIV infection, such as abstinence, limited number of partners, and using condoms.^{46,47}
- ◆ In a CARE Kenya project, CRUSH (Community Resources for Under 18's on STDs and HIV), survey results indicated that the target group of out-of-school youth aged 12-18 displayed better knowledge, more positive attitudes and signs of behavioral changes toward STD/HIV prevention following a peer-to-peer educational intervention compared to the control group of non-participants.⁶³
- ◆ In a Thai factory-based setting, studied by the International Center on Research for Women's Women and AIDS Research Program, single female adolescent workers involved in a peer-led education program demonstrated the most significant improvements in both knowledge and enabling skills (such as discussing contraception and the need to take responsibility for it) compared to their counterparts in either adult health educator-led sessions or in sessions using materials only. The peer-led group also exhibited the largest increase in perceived vulnerability to HIV infection, but the smallest degree of fear because they learned how to protect themselves.⁶
- ◆ In an AIDS education program in the United States, peer and adult counselors were equally effective in promoting knowledge gains and appropriate attitude changes

among 12-18 year olds compared to a control group. More questions, however, were asked of the peer counselors suggesting that when education is presented by peers, adolescents may be more likely to see AIDS as a personal danger.²³

- ◆ The Lentera project in Yogyakarta, Indonesia has a high school peer education program which is an interesting example of mentoring and supervision of high school students by an older group of young people (see box, p. 28). The Indonesia Planned Parenthood Association's Lentera project operates in 13 high schools with students trained as peer educators. University students monitor activities and also provide encouragement and linkages to the association and a network of referral services. Program staff believe that the involvement of university students is key to the program's success, which includes increased use of Indonesia Planned Parenthood's counseling services and positive changes in sexual health knowledge and attitudes of the target group.⁶⁴
- ◆ The Society for Family Health implemented an adolescent reproductive health project in Soweto, South Africa, in which 70 adolescents, trained in participatory media development, developed materials (distributed through radio, TV, print and interpersonally), serve as peer educators and distribute condoms. The "action media" methodology used in this project involves an active collaboration between the communicator and representatives of the target community. The emphasis is on bringing to the surface the target group's perspectives which are then translated into media products and approaches, including active participation of the target group in implementation efforts.^{65,66} Although the intervention was part of a larger AIDS prevention program, the young people chose to focus on pregnancy prevention. The evaluation analysis (which because of data problems was restricted to 17-20 year old females) showed that, in fact, outcomes were primarily related to pregnancy prevention: increased awareness of pregnancy risk, increased beliefs in the effectiveness of contraceptive methods, decreased beliefs that young people have problems preventing pregnancy, and an increase in the percentage discussing contraception.⁶⁷
- ◆ Young people are becoming active in newspaper writing and publishing. In Zambia, the youth organization Youth Media publishes and distributes *Trendsetters*, providing young Zambians with information about sexual responsibility and reproductive health in an entertaining fashion. Although sponsored by Johns Hopkins University Center for Communications Programs, this award-winning monthly now generates significant income of its own through subscriptions and sales by street vendors, bookstores and grocery stores. *Straight Talk*, also prepared monthly by adolescents for their peers, is published by the Kenya Association of Professional Counsellors and circulated by a major newspaper. In both of the publications, adolescents determine content and control major aspects of the operations.^{28,68}

Lentera

Indonesian Planned Parenthood Association (IPPA)

*"Kids these days definitely need information about sex."
a peer educator and junior in high school*

Lentera is an adolescent sexual health project of IPPA. Its peer education program reaches high school students, sex workers, gay youth and transvestites. The high school peer program involves 13 schools in Yogyakarta and works to promote:

- Knowledge about sexual health
- Abstinence for adolescents not yet sexually active
- Condom and contraceptive use among sexually active youth
- Responsible behavior among young people in general

Peer educators, selected by their schools, undergo a 3-day training that includes participation in planning and goal setting for their future activities. These young people then provide information to their peers on a one-on-one basis or in larger programs they facilitate in their schools. A key program mechanism uses university students as volunteers to monitor the school programs and provide support to the peer educators.

The evaluation of the program is mixed, showing that some peers give incomplete information about such topics as condoms and birth control because of a concern that it might encourage sexual activity. Others give moralistic abstinence messages or feel uncomfortable discussing sexuality. Although a quantitative evaluation has not been conducted (and would prove difficult politically), some good results have been documented. They include the fact that many more teenagers are using IPPA's services, especially counseling services, and there is a measurable impact on the sexual health knowledge and attitudes of the young people reached by the program.

Lessons learned from the program include:

- The goals of a peer education program must be clear and achievable
- Peer educators need to have some ownership of the program
- Setting of missions, goals and activities of the program by the young people ensures that they understand and agree with what the program is trying to achieve and motivates them to implement their own program designs
- Peer educators require considerable support, including training, educational materials, feedback, discussion opportunities and referral sources
- Peer educators may be more effective as motivators than as agents of behavioral change given their limited time, credibility, educational level and challenging environment in which to operate.⁶⁴

- ◆ Compliance in the use of oral contraceptives by female adolescents aged 14-19 was shown to significantly increase with counseling by peers, as compared to nurses, at a US-based adolescent gynecology clinic.⁶⁹
- ◆ A Kenyan project, Mathare Youth Sports Association, prides itself for being “for the youth, run by the youth,” with young people carrying out management duties and decision-making (see box, p. 20). Although no formal evaluation has been done, the project has made notable achievements in athletics, environmental activities, school retention and has reached over 10,000 youth (through youth) with AIDS awareness.¹³
- ◆ Young adult gang members, both the implementers and targets of *Homies Unidos*’ activities in El Salvador, have helped to develop a curriculum with Save the Children staff which integrates issues of self esteem, personal identity, sexuality, HIV/STD prevention, family/peer communication, conflict resolution and alternatives to violence (see box, p. 25). They have also conducted pilot peer trainings on violence prevention and life skills.⁵⁷
- ◆ In an anemia prevention project in rural India, school going adolescent girls (aged 13-17) were originally trained to participate in a girl-to-girl program designed to counsel and educate out-of-school adolescent girls in their own villages. Program managers concluded that the girls’ enthusiasm for community work was so great that their tasks were expanded to include a wider target audience for spreading the message on prevention and treatment of anemia. They were engaged in direct observation therapy, which required that each girl monitor and supervise two to three pregnant women’s consumption of iron folate tablets to increase compliance with this supplementation regimen.⁷⁰

D. MONITORING, EVALUATION AND RESEARCH

Although youth involvement in evaluation and research is lagging behind other project components, a few organizations have found ways to secure participation in certain evaluation tasks. Participatory research, generally used to design specific projects, has also begun to engage adolescents in research projects for broader analysis, public education and policy development purposes. To date, no evidence is available to show how project outcomes or public policy may have been affected, but there are promising project activities.

- ◆ The West African Youth Initiative, for example, has successfully engaged its peer educators in monitoring services, using MIS and quarterly reporting mechanisms.⁴⁷ The youth committees of projects participating in Youth for Youth helped to refine the evaluation methodology and provided information to develop indicators.⁴³
- ◆ In a Kenyan adolescent project designed to help young adolescents (13-14 year olds) develop a realistic set of health values together with behavioral skills, the multipart evaluation was constructed to include some older adolescents (aged 16-19) as evaluators. The project itself involved small mixed groups and used an experimental

program of a narrative story, role plays and group discussion to reach its objectives. In addition to facilitator reports and two pre- and post-tests that assessed confidence in dealing with sexual situations and values about emerging sexuality respectively, the evaluation used video recordings of role plays, on a pre-and post-test basis, as an assessment mechanism. The last approach measured changes in behavior skills as assessed by a panel of trained adolescents who rated the competence of the observed behavior on a five point scale.⁷¹

- ◆ In Ghana, the FOCUS on Young Adults program, in collaboration with CEDPA, the YWCA, the YMCA, the Ghana United Nations Students Association (GUNSA) and the Muslim Family Counseling Service, has developed and tested an evaluation methodology for use by peer promoters. The methodology engages peers to track their contacts and to think systematically about how to work with their social network to increase the range, coverage and impact of activities.⁷²
- ◆ WHO's Adolescent Health Programme has pioneered in the use of the narrative research method for purposes beyond project design. The story or stories developed through this process can be performed as dramatic presentations or videotaped for communication through the mass media. The resulting discussion constitutes "a powerful stimulus to the consideration of the youth perspective by other key groups in society."⁵⁴
- ◆ The Pacific Institute for Women's Health, in collaboration with Makerere University, conducted participatory research with out-of-school Ugandan adolescents aged 12-19. The approach involved an innovation of the peer group method, engaging groups over an extended period of time (3 1/2 months) and depending on the young people themselves to set the agenda and assume direction of the discussion. This process was viewed as producing more accurate and relevant findings on sexual and reproductive health concerns. These findings were the basis of recommendations for improved adolescent access to needed information and services.⁷³

TIPS FOR SUCCESS

Things will change. Be flexible!

Working with young people will be a new experience for everyone, with some unanticipated developments. Maybe some ideas will be truly effective. Try letting go of some old ways and give their suggestions a chance.

Young people must be helped at first—and continually—to do a good job.

Some preparation is a must. This includes training and the chance to understand and discuss assignments. Provide young people with ongoing opportunities for getting help, plus more formal refresher courses. Make sure that they have good printed material for reference.

Don't forget to orient and train the adults.

This experience is usually new for the adults as well. They need to learn how to make this partnership work and become truly open to collaboration.

Be clear—and realistic—about expectations.

Young people need to know what is expected of them. They will do a better job and feel more professional if they know what they are to do. You could try an actual job description. Don't set goals too high. Success is a great motivator and its own reward.

Listen and keep communication channels open. Develop trust.

Allow young people to express themselves—their views, fears, needs and ideas. And let them keep coming back to talk more. Trust is a real goal because it allows for greater honesty, but it takes time to develop.

Don't patronize young people. Allow for their responsibility, accountability and ownership.

Permit young people to make decisions and determine the course of the project. They will work much harder and be happier that way. But also encourage their responsibility and accountability, including report preparation. If they become involved in the evaluation, they will be motivated to make things even better.

Good work deserves reinforcement.

A job well done should be rewarded. They should certainly receive praise, but perhaps also citations and other signs of good performance. More tangible awards, such as bonuses or festivities should be considered. Fun and food are good incentives and rewards.

V. INFORMATION NEEDS FOR FUTURE ACTION

The field of youth involvement is itself young, with little evidence upon which to base future program decisions and few conclusions to use for guidance. There is a need for more experience to be accumulated, documented and assessed.

Programs can learn valuable lessons from one another. Now that a critical mass of activities is surfacing, it is important for projects to document and analyze their designs, approaches and techniques. The most pressing information includes the following areas.

Documentation about recruiting, supporting and retaining youth participants is needed.

Projects already underway or just starting up should document how they engaged and supported their young participants and what lessons they are learning. Some of the key concerns are:

- **Recruitment:** what criteria are used, who does the recruiting, where are potential participants sought, what materials are used to recruit, what messages are useful and effective?
- **Support:** what moral, professional and financial support are needed to attract and retain youth, such as mentoring, training and retraining, awards and certificates, paid expenses, stipends and other incentives and rewards?
- **Minimizing turnover and its effects:** what agreements or contracts with individuals and sponsoring organizations could help reduce turnover? How could educational and/or professional credentialing reduce the need to find career credits elsewhere? How can recruitment and training, both qualitatively and quantitatively, make turnover less disruptive?

Process evaluation of successful ways to incorporate youth participation into program designs.

- **Identification of feasible actions for youth involvement:** what aspects of various activities from planning, through implementation to evaluation, allow for an active youth role? Which activities provide workable opportunities for youth-adult collaboration? For separate youth involvement?
- **Addressing adult barriers to youth participation:** what are the concerns, fears and identifiable obstacles adults present for barring youth involvement and how can these barriers be effectively removed?
- **Preparing youth and adults for youth involvement:** what training is useful for youth and adults to better prepare themselves for new roles? What adjustments must each group make to accommodate the other's needs and approaches? How

can each group feel positive about its own role in such a collaboration without feeling a sense of compromise?

Evidence that youth participants have positive effects on program outcomes.

- **Role of youth participants in meeting project objectives:** what roles, in what project phases, do youth play that result in enhanced program outcomes? Under what circumstances are youth participants empowered to play more effective roles? What are the roles that they are most effective in? Within certain popular project models, such as peer education/counseling projects, are some tasks carried out more effectively than others?
- **Projects that are enhanced by youth involvement:** do certain projects lend themselves better to active youth involvement than others?
- **Costs and benefits:** are youth involvement projects more expensive? How do the added costs relate to any added value or enhanced outcomes? Are there ways to contain costs without sacrificing results?
- **Related benefits:** beyond direct project outcomes, are there other benefits that result from youth participation, such as advantages to the participating youth themselves, and advantages to the schools, organizations and communities from which these young people are drawn?

Some of these questions can be answered as part of assessing efforts already underway, such as those summarized in this document. More effectively for the future, process and impact evaluations covering these matters should be incorporated into project plans from the start so that projects can improve even while they are still operating and future efforts can gain from their experiences.

REFERENCES

- ¹ Paxman, J. 1993. "Clothing the Emperor—Seeing and Meeting the Reproductive Health Needs of Youth: Lessons from the Pathfinder Fund's Adolescent Fertility Program." (Prepared for the Rockefeller Foundation.)
- ² Marie Stopes International. 1995. "A Cross-Cultural Study of Adolescents to Family Planning and Reproductive Health Education and Services." (Final report to The World Bank).
- ³ Koontz, S.L. and S.R. Conly. 1994. "Youth at Risk: Meeting the Sexual Health Needs of Adolescents." *Population Policy Information Kit #9*. Washington, DC: Population Action International.
- ⁴ McCauley, A.P. and C. Salter. 1995. Meeting the Needs of Young Adults. *Population Reports Series J (41)* Center for Communications Programs. Baltimore: John Hopkins University.
- ⁵ Themmen, E. 1996. *Adolescent Sexual and Reproductive Health Resource Materials: A Needs Assessment in English-Speaking Africa*. Research Triangle Park, NC: Family Health International.
- ⁶ Weiss, E., D. Whelan and G. Gupta. 1996. *Vulnerability and Opportunity: Adolescents and HIV/AIDS in the Developing World*. Washington, DC: International Center for Research on Women.
- ⁷ UNICEF. 1996. "Youth Health – For A Change." (Working Draft 1 for a UNICEF Notebook on programming for young people's health and development.)
- ⁸ International Planned Parenthood Federation (IPPF). 1995. "Working with Youth." (A report on the Youth Task Force and Youth Consultation Meeting). London: IPPF.
- ⁹ WHO. 1997. *Coming of Age: From Facts to Action for Adolescent Sexual and Reproductive Health*. Geneva: World Health Organization.
- ¹⁰ WHO/UNFPA/UNICEF. 1995. "Programming for Adolescent Health." (Discussion paper prepared for the Study Group on Programming for Adolescent Health. Saillon, Switzerland, November 29 - December 4, 1995).
- ¹¹ Barker, G., J. Hirsch and S. Neidell. 1991. *Serving the Future: An Update on Adolescent Pregnancy Prevention Programs in Developing Countries*. Washington, DC: Center for Population Options.
- ¹² Peplinsky, N. 1994. *Addressing Needs and Opportunities: A Survey of Programs for Adolescents*. Washington, DC: International Center for Research on Women.
- ¹³ Trangsrud, R. 1997. "Adolescent Sexual and Reproductive Health in Eastern and Southern Africa." (Report on building experience prepared for USAID/REDSO).
- ¹⁴ International Planned Parenthood Federation, Western Hemisphere Region (IPPF/WHR). 1995. "Responding to the Challenge: Preventing Unwanted Teenage Pregnancy in Latin America and the Caribbean." (A project paper on five years of funding from the William and Flora Hewlett Foundation). Order from web: <<http://www.ippf.org/pubs/index.htm>>.
- ¹⁵ IPPF. 1995. "Make It Happen: Make It Now. Young People's Involvement in Family Planning Associations." (Paper presented at the European Youth Strategy Working Group meeting in Dublin, November 25-29, 1995). Order from web: <<http://www.ippf.org/pubs/index.htm>>.
- ¹⁶ Johns Hopkins Center for Communication Programs. 1995. *Reaching Young People Worldwide: Lessons Learned from Communications Projects, 1986-1995*. Baltimore: Johns Hopkins University.
- ¹⁷ UNFPA. 1997. "Thematic Evaluation of Adolescent Reproductive Health Programs." *Evaluation Report 13*. New York: UNFPA.
- ¹⁸ Pearson, S., D. Cornah, I. Diamond *et al.* 1996. "Promoting Young People's Sexual Health Services." (Report commissioned by the Health Education Authority and Brook Advisory Systems.)
- ¹⁹ Academy for Educational Development. 1997. *Prevention Marketing Initiative: Youth Involvement*. Washington, DC: Academy for Educational Development.
- ²⁰ Flanagan, D., C. Williams and H. Mahler. 1996. *Peer Education in Projects Supported by AIDSCAP: A Study of 21 Projects in Africa, Asia and Latin America*. Arlington, VA: Family Health International.
- ²¹ Ministry of Education and Culture, Zimbabwe and UNICEF. 1993. "A Report of Focus Group Discussions with Out-of-School Youth on Perceptions and Strategies for Communication about AIDS." (Working draft). Harare: UNICEF.
- ²² WHO. In press. *Programming Adolescent Health. Technical report of the WHO/UNFPA/UNICEF Study Group*. Geneva: WHO.
- ²³ Rickert, V.I., M.S. Jay and A. Gottlieb. 1991. Effects of a peer-counseled AIDS education program on knowledge, attitudes and satisfaction of adolescents. *Journal of Adolescent Health* 12: 38-43.

- 24 Bartling, H., H. Cameron, B. Cronk *et al.* 1996. "Assessing the Evaluation Process: Adolescent Peer
Counseling in Latin America." (Report prepared for International Planned Parenthood/Western
25 Hemisphere Region and the Applied Workshop in Economic and Political Development of the School
of International and Public Affairs, Columbia University.)
- 26 Lobo, E. n.d. "A Study of Youth Promoter Programs Aimed at Adolescent Family Planning in Latin
America." (Prepared for The Pathfinder Fund.)
- 27 Dietz, P. 1990. "Youth reach their peers." *Passages* 10(1). Washington DC: Center for Population
Options.
- 28 Bohmer, L. Personal communication. 1998.
- 29 Balmer, D. Personal communication. 1998.
- 30 AIDS Control and Prevention Project. n.d. *How to Create an Effective Peer Education Project*.
Arlington, VA: Family Health International.
- 31 Senderowitz, J. 1997. *Reproductive Health Outreach Programs for Young Adults*. Washington DC:
Pathfinder International FOCUS on Young Adults Program.
- 32 Perry, C. and R. Sieving. 1991. "Peer Involvement in Global AIDS Prevention among Adolescents."
(Unpublished Review commissioned by WHO's Global Programme on AIDS).
- 33 Marques, M. 1993. *Gente Joven/Young People: A Dialogue on Sexuality with Adolescents in
Mexico. Quality/Calidad/Qualite Series #5*. New York: The Population Council.
- 34 Randolph, S. 1996. "Evaluation of the Jamaica Red Cross Society's 'Together We Can' HIV/AIDS
Peer Education Project." (Submitted to the American Red Cross National Headquarters and Jamaica
Red Cross Society).
- 35 Pathfinder International. 1995. "Adolescent Project Evaluation." (Draft). Boston: Pathfinder
International.
- 36 St. Lucian Ministry of Health. 1986. "Teen Clinics and Peer Counselling as Strategies for Combatting
Teenage Pregnancy." (In *Tulane Family Planning Operations Research in the English Speaking
Caribbean: Final Research Findings*).
- 37 Advocates for Youth. 1996. "The West African Youth Initiative." (Paper presented at the annual
conference of the National Council on International Health in Arlington, VA. June 1996.)
- 38 Alexis, E. Personal communication. 1997.
- 39 Braeken, D. 1996. "An active role for young people." *Choices* 25(1). International Planned
Parenthood Federation, European Network. Order from web: <<http://www.ippf.org/pubs/europe.htm>>.
- 40 Youth on Board. 1996. "A Growing Movement" (organizational brochure).
- 41 Fee, N. and M. Youssef. 1993. "Young People, AIDS and STD Prevention: Experiences of Peer
Approaches in Developing Countries." (Draft paper for WHO's Global Programme on AIDS).
- 42 AIDS Control and Prevention Project (AIDSCAP). n.d. *How to Create an Effective Peer Education
Project*. Arlington, VA: Family Health International.
- 43 IPPF. 1994. *Understanding Adolescents: An IPPF Report on Young People's Sexual and
Reproductive Health Needs*. London: IPPF.
- 44 IPPF. 1993. *Youth for Youth: Promotion of Adolescent Reproductive Health Through NGO
Collaboration*. London: IPPF.
- 45 Senanayake, P. 1992. "Youth for Youth—Adolescent Reproductive Health." *The Health Exchange*.
Association for Reproductive and Family Health, Advocates for Youth and African Regional Health
Education Centre. n.d. *The Evaluation Design for the West African Youth Initiative*. Washington DC:
Advocates for Youth.
- 46 Lane, C. 1997. "Peer Education—Hopes and Realities: The West African Youth Initiative."
(Presented at the Johns Hopkins University Centre for Development & Population Activities
symposium, "The Young and the Restless," Washington, DC).
- 47 Association for Reproductive and Family Health, Advocates for Youth and African Regional Health
Education Centre. 1997. *West African Youth Initiative Project Final Evaluation Report*. Washington
DC: Advocates for Youth.
- 48 AVSC International and International Center for Research on Women. 1997. "Participatory Project in
Adolescent Reproductive Health in Nepal." (Unpublished paper).
- 49 L. Howard-Grabman. n.d. "The Warmi Project: A Participatory Approach to Improve Maternal and
Neonatal Health." (A manual prepared for John Snow International and Save the Children.)
- 50 Narayan, D. 1996. "Toward Participatory Research." *World Bank Technical Paper* No. 307.

-
- Washington, DC: The World Bank.
- 51 Powers, M.B. Personal communication. January 1998.
- 52 Kambou, S.D, M.K. Shah. and G. Nkhama. *n.d.* "For a Pencil: Sex and Adolescence in Peri-Urban
Lusaka." (Report prepared for CARE International/Zambia).
- 53 Senderowitz, J. 1993. "Evaluation of Interregional Programs." (Report submitted to UNFPA's
Technical and Evaluation Division).
- 54 WHO. 1993. "Adolescent Sexual Behavior and Reproductive Health: From Research to Action.":
(Report of A Joint Meeting. Dakar, Senegal, April 22-26, 1993).
- 55 WHO. 1993. *The Narrative Research Method--Studying Behavior Patterns of Young People: A
Guide to Its Use.* Geneva: WHO Adolescent Health Programme, Division of Family Health.
- 56 Avila, M. *n.d.* "Homies Unidos...El Salvador and the War." (Unpublished notes for Save the
Children).
- 57 Pearcy, K. Personal communication. 1998.
- 58 Center for Youth as Resources. *n.d.* *Youth as Resources.* (Organizational Brochure).
- 59 Youth on Board. 1996. *A Growing Movement.* (Organizational Brochure).
- 60 Stewart, L. Personal communication. 1996.
- 61 Munro, S. Personal communication. 1998.
- 62 IPPF. 1998. "Youth Committee." (Unpublished report.)
- 63 Chege, I., J. Avarand and A. Ngay. 1995. *Final Evaluation Report of the Communication Resources
for the Under 18's on STDs and HIV (CRUSH) Project.* Nairobi: CARE Kenya.
- 64 MacLaren, L. 1997. "Peer Education for AIDS Prevention: Examples from Three Young Adult
Communities in Yogyakarta, Indonesia." (Unpublished paper available via e-mail from author:
<LMacLaren@pathfind.org>)
- 65 Parker, W. 1997. "Action Media: Consultation, Collaboration and Empowerment in Health
Promotion." *Working Paper No. 8.* Washington DC: Population Services International.
- 66 Parker, W. 1994. "The Development of Community-based Media for AIDS Education and Prevention
in South Africa: Towards an Action-based Participatory Research Model." (Unpublished Master's
Thesis, Centre for Cultural and Media Studies, University of Natal, Durban, South Africa).
- 67 Meekers, D. 1998. "The Effectiveness of Targeted Social Marketing to Promote Adolescent
Reproductive Health: The Case of Soweto, South Africa. *Working Paper 16.* Washington DC: PSI
Research Division.
- 68 Holmes, R. January 20, 1998. (Unpublished memorandum).
- 69 Jay, M.S., R.H. DuRant and T. Shoffitt *et al.* 1984. Effect of peer counselors on adolescent
compliance in use of oral contraceptives. *Pediatrics* 73 (2).
- 70 Survival for Women and Children (SWACH) Foundation. 1996. "Anemia in Pregnant Women and
Adolescent Girls in Rural Areas of Haryana, India." (Quarterly Progress Report submitted to
MotherCare Project, John Snow, Inc. October-December 1996.)
- 71 Balmer, D., G. Outa, E. Gikundi *et al.* *n.d.* "The Evaluation of an Adolescent Programme Based
Upon a Narrative Story, Role Plays and Group Discussion." (Unpublished manuscript).
- 72 Wolf, Cameron. In press. *Social Networks in Adolescent Peer Promotion Programs: Developing
Methods for Monitoring and Evaluation.* Washington DC: Pathfinder International FOCUS on Young
Adults Program.
- 73 Bohmer, L. and E. Kirumira. December 1997. *Access to Reproductive Health Services: Participatory
Research with Ugandan Adolescents: Final Report.* Kampala, Uganda: Pacific Institute for Women's
Health in collaboration with The Child Health and Development Center, Makerere University.

Additional Contact Information:

Youth on Board, 58 Day Street, 3rd Fl., PO Box 440322, Somerville, MA 02144; Tel: 617/623-9900; Fax:
617/623-4331.

Youth as Resources, 1700 K Street, NW, Suite 801, Washington, DC 20006; Tel: 202/466-6272, ext. 131;
Fax: 202/785-0698, attn: CYAR